

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155710		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2014	
NAME OF PROVIDER OR SUPPLIER CHASE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2 CHASE PARK LOGANSPOUT, IN 46947			
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 26, 27, 28, 29, 30, 2014</p> <p>Facility number: 000021 Provider number: 155710 AIM number: 100275270</p> <p>Survey team: Bobette Messman, RN, TC Rita Mullin, RN (January 27, 28, 29, and 30, 2014) Maria Pantaleo, RN Michelle Carter, RN (January 27, 28, 29, and 30, 2014)</p> <p>Census bed type: SNF: 5 SNF/NF: 63 Total: 68</p> <p>Census Payor type: Medicare: 11 Medicaid: 52 Other: 5 Total: 68</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>		F000000	<p>Chase Center (the Provider) submits this Plan of Correction (PoC) in accordance with specific regulatory requirements. The submission of the PoC does not indicate an admission by Chase Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center. This PoC shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is submitted as a matter of statute only.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2014
FORM APPROVED
OMB NO. 0938-0391

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F000272 SS=D	<p>Quality Review was completed by Tammy Alley RN on February 5, 2014.</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on record review and</p>	F000272	1. The MDS Coordinator has corrected the assessment and	02/26/2014			

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	<p>interview, the facility failed to conduct an accurate assessment of a terminally ill resident for 1 of 20 closed records reviewed for accurate Minimum Data Set Assessments (Resident #41).</p> <p>Findings include:</p> <p>The clinical record of Resident #41 was reviewed on 1/28/14 at 10:00 a.m.</p> <p>Diagnoses included, but were not limited to, dwarfism, anxiety, depression, sclerosis, pain, pneumonia, reflux, constipation, cystitis, pressure ulcer, sleep apnea, dysphagia and amyotrophic lateral sclerosis (ALS). Resident was placed on palliative care on 11/19/13.</p> <p>An "Unavoidable pressure Sore/Clinical Condition Record," dated 10/24/13, reviewed and signed by a physician indicated resident #41 was terminally ill.</p> <p>A Significant Change Minimum Data Set Assessment (MDS), dated 11/20/13, indicated Resident #41 did not have a terminal prognosis.</p> <p>During an interview with the MDS</p>		<p>MDS for resident #41, and a modification has been submitted to CMS on 1/29/2014. See Exhibit A-1 and A-2. The terminal prognosis was properly reflected on the MDS.2. An audit of all MDS's was completed for residents currently receiving hospice services to ensure a diagnosis that supports a prognosis of life expectancy of 6 months or less and has been accurately identified on the MDS. As of 1/31/14, there are three residents in the facility receiving hospice services. The MDS Coordinator will check all available medical records in the MDS look back period to accurately code the MDS.3. The following measures have been put into place to ensure that the deficient practice does not recur: a) The Electronic Medical Record system has been modified to alert the MDS Coordinator when completing the MDS, Section J1400 when the resident is receiving hospice services and/or has a prognosis of less than six months life expectancy. b) Consultant with BKD Consulting identified areas of improvement on 1/14/14 and 1/17/14 and training was provided to the MDS Coordinator, D.O.N, Restorative Director, Administrator and Administrator in Training on 2/6/2014. c) The MDS Coordinator will attend an IHCA sponsored MDS seminar on 2/25/14 and 2/26/2014.4. The</p>				

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F000282 SS=D	<p>coordinator, on 1/29/14 at 1:30 p.m., she indicated she had to have a physician's diagnosis to document a terminal diagnosis and she was never sent the "Unavoidable pressure Sore/Clinical Condition Record,"dated 10/24/13.</p> <p>During an interview with the Director of Nursing, on 1/29/14 at 2:00 p.m., she indicated the MDS coordinator is responsible for reviewing the hard chart and not just reviewing the computer record.</p> <p>3.1-31(a)</p>		F000282	<p>Care Plan Coordinator with assistance from the D.O.N will review five MDS's on a monthly basis for accuracy and will report to the QA Committee monthly. See Exhibit B The audit will continue until 100% accuracy has been achieved for six months.5. All system changes will be completed by 2/26/2014.</p>		02/21/2014	
	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure a care plan for anxiety behavior was followed, thus ensuring</p>			<p>1. The nurse that administered the PRN medication to Resident #46 was questioned regarding both dates. The nurse stated she</p>			

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	<p>assessments and alternative therapies were performed prior to administering an "as needed" anxiety medication for 1 of 10 residents reviewed for assessments. (Resident # 46)</p> <p>Findings include:</p> <p>The clinical record for Resident # 46 was reviewed on 1/29/14 at 10:24 a.m.</p> <p>Diagnoses for Resident # 46 included, but were not limited to, Diabetes Mellitus-Type 2, obesity, hyperlipidemia, gout, iron deficiency anemia, major depressive disorder, senile dementia, generalized anxiety disorder, panic disorder, intermittent explosive behavior disorder, obstructive sleep apnea, cerebral atrophy, chronic pain syndrome, peripheral neuropathy, high blood pressure, chronic ischemic heart disease, chronic pulmonary heart disease, chronic airway obstruction, chronic kidney disease- stage 3, status post (s/p) tracheostomy placement, s/p pacemaker placement, left hand joint contracture, peripheral edema, severe degenerative osteoarthritis, congestive heart failure, and dysphagia.</p>		<p>had tried interventions prior to the administration of PRN Xanax, but failed to document them. Late entries were entered into the resident's clinical record on 1/30/2014 reflecting both the assessments and the interventions identified in the care plan and were attempted prior to the administration of the PRN Xanax, on both dates. See Exhibit C1-2 .2. The Resident Care Managers have reviewed the records of all residents receiving PRN anti-anxiety medications in the past 30 days for appropriate documentation of assessment of behaviors and all interventions on the Care Plan attempted and their effectiveness.3. An inservice was held for staff administering medication on 2/12/14 and 2/13/14, regarding the need to document a full assessment of behaviors and utilization of interventions from the care plan and their effectiveness prior to using PRN anti-anxiety medication. See Exhibit D1-3. The Electronic Medical Record System will be modified to alert the nurse to document every element needed to assure that all charting is completed and error free when documenting use of PRN medications and ensuring the interventions listed on the care plan have been attempted prior to administering the PRN medication.4. Resident Care Managers will review PRN</p>				

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	<p>A physician order, dated 9/18/13, indicated Xanax (anti-anxiety) 0.25 milligrams(mg.), 1 tablet, orally, every 6 hours, as needed (prn).</p> <p>The December 2013 medication administration record (MAR) indicated the prn Xanax was administered on 12/27/13 at 12:19 p.m.</p> <p>Nursing documentation did not evidence a behavior assessment and alternative therapies were performed prior to administering the anti-anxiety medication.</p> <p>The January 2014 MAR indicated the PRN Xanax was administered on 01/17/14 at 6:56 p.m.</p> <p>Nursing documentation did not evidence a behavior assessment and alternative therapies were completed prior to administering the anti-anxiety medication.</p> <p>A Care Plan, dated 9/18/13, indicated an Anxiety Problem: Anxiety, restlessness, nervousness related to shortness of breath/respiratory distress. Manifested by: yells, screams, throws items and becomes angry.</p>				<p>anti-anxiety usage 5 times weekly and ensure care planned interventions have been attempted prior to administering the PRN medication, including appropriate documentation of the behavior assessment, the use of Care Planned Interventions and their effectiveness. The Resident Care Manager will address any concerns with the nurse in question and re-education and/or counseling will occur. The Director of Nursing will report the findings to the monthly QA Committee and will continue to report on this issue until 100% compliance for 6 months is achieved. See Exhibit E.5. This deficiency will be corrected by 02/21/2014.</p>		

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	<p>Interventions were indicated as follows:</p> <ol style="list-style-type: none"> 1. Administer medications as indicated 2. Use a calm voice 3. Encourage to take a deep breath, relax and reminisce about a peaceful moment/time in life 4. Listen to resident and express reassurance and support (reassure resident that staff is always close by and will meet needs as soon as possible) 5. Offer quiet time alone in room 6. Call light in place/within reach to provide a sense of security. 7. Make referrals as needed/determined by care plan team 8. See activity care plan <p>During an interview, on 1/29/14, at 2:00 p.m., with the Director of Nursing (DoN), she indicated documentation related to anxiety behaviors displayed by Resident # 46 and attempted alternative therapies, prior to administering the prn Xanax, was not completed on 12/27/13 and 1/17/14, thus indicating the care plan was not followed.</p>						

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F000329 SS=D	<p>3.1-35(g)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure an anti-anxiety medication was not administered without attempting prior interventions for 1 of 5 residents reviewed for unnecessary medications. (Resident # 46)</p> <p>Findings include:</p>		F000329	<p>1. The nurse that administered the PRN medication to Resident #46 was questioned regarding both dates. The nurse stated she had tried interventions prior to the administration of PRN Xanax, but failed to document them. Late entries were entered into the resident's clinical record on 1/30/2014 reflecting both the</p>		02/21/2014	

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	<p>The clinical record for Resident # 46 was reviewed on 1/29/14 at 10:24 a.m.</p> <p>Diagnoses for Resident # 46 included, but were not limited to, Diabetes Mellitus-Type 2, obesity, hyperlipidemia, gout, iron deficiency anemia, major depressive disorder, senile dementia, generalized anxiety disorder, panic disorder, intermittent explosive behavior disorder, obstructive sleep apnea, cerebral atrophy, chronic pain syndrome, peripheral neuropathy, high blood pressure, chronic ischemic heart disease, chronic pulmonary heart disease, chronic airway obstruction, chronic kidney disease- stage 3, status post (s/p) tracheostomy placement, s/p pacemaker placement, left hand joint contracture, peripheral edema, severe degenerative osteoarthritis, congestive heart failure, and dysphagia.</p> <p>A physician order, dated 9/18/13, indicated Xanax (anti-anxiety) 0.25 milligrams(mg.), 1 tablet, orally, every 6 hours, as needed (prn).</p> <p>The December 2013 medication administration record (MAR)</p>		<p>assessments and the interventions identified in the care plan and were attempted prior to the administration of the PRN Xanax, on both dates. See Exhibit C1-22. The Resident Care Managers have reviewed the records of all residents receiving PRN anti-anxiety medications in the past 30 days for appropriate documentation of assessment of behaviors and all interventions on the Care Plan attempted and their effectiveness.3. An inservice was held for staff administering medication on 2/12/14 and 2/13/14, regarding the need to document a full assessment of behaviors and utilization of interventions from the care plan and their effectiveness prior to using PRN anti-anxiety medication. See Exhibit D1-3. The Electronic Medical Record System will be modified to alert the nurse to document every element needed to ensure that all charting is completed and error free when documenting use of PRN medications and ensuring the interventions listed on the care plan have been attempted prior to administering the PRN medication.4. Resident Care Managers will review PRN anti-anxiety usage 5 times weekly and ensure appropriate documentation of the behavior assessment, the use of Care Planned Interventions and their effectiveness is in the clinical</p>				

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	<p>indicated the prn Xanax was administered on 12/27/13 at 12:19 p.m.</p> <p>Nursing documentation did not evidence a behavior assessment and alternative therapies were performed prior to administering the anti-anxiety medication.</p> <p>The January 2014 MAR indicated the PRN Xanax was administered on 01/17/14 at 6:56 p.m.</p> <p>Nursing documentation did not evidence a behavior assessment and alternative therapies were completed prior to administering the anti-anxiety medication.</p> <p>A Care Plan, dated 9/18/13, indicated an Anxiety Problem: Anxiety, restlessness, nervousness related to shortness of breath/respiratory distress. Manifested by: yells, screams, throws items and becomes angry.</p> <p>Interventions were indicated as follows:</p> <ol style="list-style-type: none"> 1. Administer medications as indicated 2. Use a calm voice 3. Encourage to take a deep breath, 			<p>record for any resident receiving them. See Exhibit E. In addition, the Consultant Pharmacist will review with the Behavior Committee members on a monthly basis, and recommend changes for any identified unnecessary medications. The Director of Nursing will monitor and report the findings to the monthly QA Committee and will continue to report on this issue until 100% compliance for 6 months is achieved. 5. This deficiency will be corrected by 02/21/2014.</p>			

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	<p>relax and reminisce about a peaceful moment/time in life</p> <p>4. Listen to resident and express reassurance and support (reassure resident that staff is always close by and will meet needs as soon as possible)</p> <p>5. Offer quiet time alone in room</p> <p>6. Call light in place/within reach to provide a sense of security.</p> <p>7. Make referrals as needed/determined by care plan team</p> <p>8. See activity care plan</p> <p>During an interview, on 1/29/14, at 2:00 p.m., with the Director of Nursing (DoN), she indicated documentation related to anxiety behaviors displayed by Resident # 46 and attempted alternative therapies, prior to administering the prn Xanax, was not completed on 12/27/13 and 1/17/14, thus indicating the care plan was not followed.</p> <p>3.1-48(a)(4)</p>						

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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and documentation review, the facility failed to ensure food was stored in a sanitary manner. This effects 61 of 68 residents who consumed food from the kitchen.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen with Cook #1 on 1/26/14 at 1:35 p.m., the window sill in the dry goods (paper products), bread storage and pots and pans area was observed to be visibly dirty with dead knats and cobwebs.</p> <p>During an interview with the Dietary Manager, on 1/29/14 at 1:26 p.m., he indicated cleaning for the kitchen was delegated and done with checklist guidelines. He indicated the area should have been cleaned.</p> <p>On 1/29/14 at 1:26 p.m.,</p>	F000371	<p>1. The dietary employee on duty stated that the surveyor observing the cobweb swept it from the window sill. The window sill was immediately cleaned and sanitized on 1/26/2014. The surveyor was made aware of this on 1/26/14.2. Other potential areas have been assessed and no other areas were found to be deficient. The facility has a pest control program that routinely checks for bugs, including gnats. 3. The window sills were added to the cleaning schedule, see Exhibit F1, and an inservice for all dietary staff has been started and will be completed by 2-20-2014.4. Facility management will conduct routine sanitation walk through surveys: a) Dietary manager will conduct sanitation walk through weekly. b) Dietary manager will document sanitation audits see Exhibits F2-4 c) The Registered Dietitian will continue monthly sanitation auditsThe audit findings will be presented to the monthly QA Committee.*****</p>	02/20/2014			

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	documentation of the checklist was reviewed with the Dietary Manager, the storage area was not included on the checklist. 3.1-21(i)(3)			***** *****We respectfully request to IDR this finding and request the Scope and Severity tag of F be lowered. The location of the window in question is in a dry store room containing pots and pans, paper goods and one rack holding packaged bread. The window is located on the east side of the room, and the rack of bread was 40" from the corner of the window. This room is separate from food preparation areas. The cobweb was not observed except by the surveyor and the dietary employee. We have checked all 156 windows throughout the facility for cleanliness and found an absence of cobwebs and gnats. There was no further follow-up by the surveyor to indicate other environmental concerns throughout the dietary department or the facility building. A "F" tag indicates substandard quality of care related to CMS grading systems and reimbursement guidelines, and we question the proportionality of the tag relative to the offense. We appreciate your consideration in this matter.			